
State:	Arkansas	Filing Company:	AMEX Assurance Company
TOI/Sub-TOI:	H19G Group Health - Travel/H19G.000 Health - Travel		
Product Name:	Travel Medical Protection		
Project Name/Number:	Travel Medical Protection/TMP-AR-AE		

Filing at a Glance

Company:	AMEX Assurance Company
Product Name:	Travel Medical Protection
State:	Arkansas
TOI:	H19G Group Health - Travel
Sub-TOI:	H19G.000 Health - Travel
Filing Type:	Form
Date Submitted:	09/12/2012
SERFF Tr Num:	AMEE-128645350
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	TMP-AR-AE
Implementation	03/01/2013
Date Requested:	
Author(s):	Filing Manager, Elizabeth Dutton, Derek Anderson, Cheryl Short, Valerie Harris, Collin Knuth, Ryan Philippon, Donna Marshall
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	09/13/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** AMEX Assurance Company
TOI/Sub-TOI: H19G Group Health - Travel/H19G.000 Health - Travel
Product Name: Travel Medical Protection
Project Name/Number: Travel Medical Protection/TMP-AR-AE

General Information

Project Name: Travel Medical Protection

Project Number: TMP-AR-AE

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Filing Status Changed: 09/13/2012

State Status Changed: 09/13/2012

Created By: Filing Manager

Corresponding Filing Tracking Number:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Filing Manager

Filing Description:

September 12, 2012

Via SERFF

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: FILING SUBMITTED FOR APPROVAL

AMEX Assurance Company
Accident and Health Form Filing
Travel Medical Protection
Company FEIN: 36-2760101
NAIC #: 27928
Company File Number: TMP-AR-AE

FORM:

TMPAE0912MU Endorsement

To Whom It May Concern:

On behalf of AMEX Assurance Company, we respectfully submit the above-referenced form for your review and approval. This form is new and does not replace any previously approved form.

This form will be used under Master Group Policy AX0916 which is situated and was approved in Wyoming on September 03, 2003.

This is a Group Accident and Health Insurance Policy. The Group Policyholder, American Express Travel Related Services Company, Inc. (or a subsidiary, affiliate or licensee thereof) is an issuer of charge and lending cards which can be used to buy goods and services. The group consists of American Express Cardmembers who are eligible to enroll for coverage.

Once approved by your Department this form will be attached to and made a part of the Description of Coverage/Policy TMP-D-A/M Edition Date 07.01.2003 submitted and approved by your state on February 10, 2004 under our Company Filing Number AX0916-AR-00145.

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Through the use of this endorsement we are implementing the following:

- Shortening the policy term by six months and providing the corresponding prorated biannual premium. There is no rate impact associated with this change in the policy term. Any renewal terms will be on a six month term basis and a corresponding termination provision has been added.
- Amending the "Conformity to Law" provision to include Federal law in addition to state law.

This filing has been reviewed and to the best of our knowledge, complies with all applicable laws and regulations now in effect.

If you have any questions or concerns, please feel free to contact me by phone at 623-492-3089 or via e-mail at Donna.M.Marshall@aexp.com.

Sincerely,

Donna Marshall

Donna Marshall
Compliance Analyst
AMEX Assurance Company

DMM/MB

Company and Contact

Filing Contact Information

Donna Marshall , Compliance Analyst	Donna.M.Marshall@aexp.com
20022 N. 31st Ave.	623-492-3089 [Phone]
MC 080120	602-766-2230 [FAX]
Phoenix, AZ 85027	

Filing Company Information

AMEX Assurance Company	CoCode: 27928	State of Domicile: Illinois
08-01-20	Group Code:	Company Type:
20022 N. 31st Ave.	Group Name:	State ID Number:
Phoenix, AZ 85027	FEIN Number: 36-2760101	
(623) 492-3231 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	IL is our Retaliatory state, their fee is \$50 per form \$50.00. x 1 form = \$50.00
Per Company:	No

State:Arkansas

Filing Company:AMEX Assurance Company

TOI/Sub-TOI:H19G Group Health - Travel/H19G.000 Health - Travel

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Company	Amount	Date Processed	Transaction #
AMEX Assurance Company	\$50.00	09/12/2012	62637890

SERFF Tracking #:	AMEE-128645350	State Tracking #:		Company Tracking #:	TMP-AR-AE
State:	Arkansas	Filing Company:	AMEX Assurance Company		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/13/2012	09/13/2012

SERFF Tracking #:	AMEE-128645350	State Tracking #:		Company Tracking #:	TMP-AR-AE
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Disposition

Disposition Date: 09/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/13/2012	TMPAE0912M U	CERA	Endorsement	Initial:	47.900	TMP AE 09 12 FINALCLEAN Multi (2).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

AMENDATORY ENDORSEMENT
[TRAVEL MEDICAL PROTECTION] DESCRIPTION OF COVERAGE/POLICY

Underwritten by AMEX Assurance Company
[Administrative Office, MC: 080120, 20022 N. 31st Ave., Phoenix, AZ 85027]

To be attached to and made a part of the Description of Coverage/Policy.

THIS ENDORSEMENT CHANGES YOUR DESCRIPTION OF COVERAGE/POLICY. PLEASE READ IT CAREFULLY.

1. The section regarding **SCHEDULE OF PREMIUMS** is updated to remove all references to annual plan. The annual policy premiums have been replaced with bi-annual policy premiums.

Premiums are paid to the Company on or before the due date. The initial premium rates are shown in the Table of Premiums.

2. The **TABLE OF PREMIUMS** section has changed. All references to Annual Policy are replaced with bi-Annual Policy.

Under Age 65 Coverage Amount	Individual Monthly/Bi-Annual Plan <u>Coverage Premium</u>	Joint Monthly/Bi-Annual Plan <u>Coverage Premium</u>	Family Monthly/Bi-Annual Plan <u>Coverage Premium</u>
\$25,000	\$5.50/ \$29.50	\$9.00/ \$49.50	\$13.00/ \$74.50
\$50,000	\$7.00/ \$39.50	\$10.50/ \$59.50	\$15.50/ \$89.50
\$100,000	\$9.50/ \$54.50	\$13.00/ \$74.50	\$18.00/ \$104.50

Age 65 and Over Coverage Amount	Individual Monthly/Bi-Annual Plan <u>Coverage Premium</u>	Joint Monthly/Bi-Annual Plan <u>Coverage Premium</u>	Family Monthly/Bi-Annual Plan <u>Coverage Premium</u>
\$25,000	\$8.00/ \$44.50	\$14.00/ \$79.50	\$18.00/ \$104.50
\$50,000	\$9.50/ \$54.50	\$15.50/ \$89.50	\$20.50/ \$119.50
\$100,000	\$12.00/ \$69.50	\$18.00/ \$104.50	\$23.00/ \$134.50

Note: The Joint or Family premium amount will be determined by the eldest member living in the household for which coverage is provided on this Plan.

Provided enrollment becomes effective before the Covered Person(s) departure on a Covered Trip, the Covered Person(s) will be fully insured for benefits under the Plan.

In the section regarding **GENERAL PROVISIONS** the **Conformity to Law** provision is amended to add items in bold as follows:

Any provision of this Plan, which is in conflict with **Federal laws or** the laws of the state in which it is issued, is amended to conform to the **Federal or** minimum laws of that state.

3. The Section entitled **TERMINATION** is amended to add the following paragraph:

This Plan will expire six months from the coverage effective date. The Company may, at its option, elect to renew this Plan by sending You a written notice in advance of the expiration date. If the Company elects to renew, coverage will continue as specified in the renewal notice for an additional six month policy period, unless terminated by You as specified below.

ALL OTHER TERMS AND CONDITIONS OF THE DESCRIPTION/POLICY OF COVERAGE
REMAIN UNCHANGED.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/13/2012
Comments:	See attached		
Attachment(s):			
AK Certification of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/13/2012
Comments:	Form: TMP-E-Mulit 05/10 Approval Date : August 04, 2010		

CERTIFICATION OF COMPLIANCE

Cheryl Short, an officer of AMEX Assurance Company, does hereby certify that to the best of its knowledge and belief that the accompanying policy form as identified by the listing attached hereto, are in compliance with all laws, rules and regulations of the State of Arkansas.

Dated: 09/10/2012

By: 
Cheryl Short

Title: Compliance Director